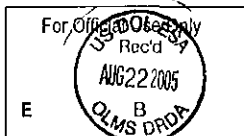


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>15028</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Michael</u> <u>Gallagher</u> P.O. Box, Bldg., Room No., if any Street <u>2501 Commercial Drive</u> City <u>Anchorage</u> State <u>Alaska</u> ZIP Code + 4 <u>99501</u>	4. Name, file number, and address of labor organization. Name <u>Alaska Laborers' Local #341</u> Labor Organization File Number <u>016646</u> P.O. Box, Building and Room Number, if any Street <u>2501 Commercial Drive</u> City <u>Anchorage</u> State <u>Alaska</u> ZIP Code + 4 <u>99501</u>
5. Position in labor organization. <u>Business Manager-Sec./Treas.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Michael Gallagher</u>	On <u>08/15/2005</u> Date	<u>907-272-4571</u> Telephone Number

Name of Person Filing Michael Gallagher	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Alaska Laborers-Employers Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2815 Second Ave. Suite 300</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98124</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Alaska Laborers-Employers Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2815 Second Ave. Suite 300</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98124</p>	<p>11.a. Nature of such dealing.</p> <p>Health and Welfare/Retirement Trust for Alaska Laborers.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>4/6/04 Health & Welfare/Retirement Trust Meetings Dinner Meeting - \$237.18</p> <p>12/2/04 Health & Welfare/Retirement Trust Meetings Dinner Meeting - \$84.86</p>
	<p>12.b. Amount. \$322</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name NWQ Investment Management Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2049 Century Park East</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90067</p>	<p>14.a. Nature of payment.</p> <p>11/3/04: Received two Football Game Tickets <i>was given to Member</i></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. 344</p>

Name of Person Filing Michael Gallagher

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers' Health and Safety Fund (LHSF)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street Northwest

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provides health and safety benefits to LIUNA members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2/4/04: Had dinner at restaurant

12.b. Amount.

\$71

LABORERS' INTERNATIONAL UNION of NORTH AMERICA

LOCAL 341

2501 Commercial Drive
Anchorage, Alaska 99501
PHONE (907) 272-4571
FAX (907) 274-0570
www.laborerslocal341.com



MICHAEL GALLAGHER
BUSINESS MANAGER
SECRETARY-TREASURER
BLAKE JOHNSON
PRESIDENT
RON MCPHETERS
VICE PRESIDENT

FIELD REPRESENTATIVES:
BLAKE JOHNSON
RON MCPHETERS
JOEY MERRICK
STACY ALLEN

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Dear Sir or Madam,

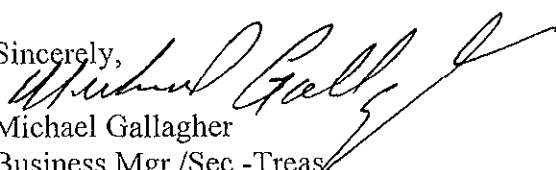
Enclosed in my Labor Organization Office and Employee report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirement and apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record not any present specific recollection. (Please see addendum A & B attached).

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so; I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,


Michael Gallagher
Business Mgr./Sec.-Treas.
Laborers Local 341

2004 LM-30 Reporting Form

ADDENDUM A – (unsolicited gifts or promotional items)

On several occasions in 2004, I recall that I was given (a) complimentary promotional item (s), such as a (clothing item, accessory or printed material with LIUNA logos, etc.). At no time did I solicit such item (s), and they were sent to my office without prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the item (s), and do not recall the manufacturer or provider of such an item (s).

ADDENDUM B – (Meals/events without specific records or recollection)

I received possibly once or twice the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.